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JUN 1 4 2006

PATENT

Atty. Docket No. DP-309231 (DEL01 P-442)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit

2814

Examiner

DiLinh P. Nguyen

Applicants

Thomas S. Ellis et al.

Appln. No.

10/608,702

Filing Date Confirmation No. :

June 27, 2003 9673

For

POLYMER ENCAPSULATED ELECTRICAL DEVICES

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the Patent and Trademark Office on the date shown below:

- Claims As Amended Cover Sheet (consisting of 2 pages) in duplicate and 1.
- Amendment consisting of 16 pages. 2.

YOU SHOULD RECEIVE A TOTAL OF 21 PAGES (INCLUDING THIS PAGE).

June 14, 2006

Date

Deborah A. Clark

Price, Heneveld, Cooper,

DeWitt & Litton, LLP

695 Kenmoor, S.E.

Post Office Box 2567

Grand Rapids, Michigan 49501

(616) 949-9610

Jun 14 2006 11:59

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Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in response to the Office Action mailed May 18, 2006 in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

| | Col. 1 | | Col. 2 | Col. 3 | Small Entity | | Other Than A Small Entity | |
|---|---|-------|---------------------------------------|--------------------|--------------|--------------|------------------------------|--------------|
| | Claims Remaining After Amendment | | Highest No. Previously Paid For | Present . Extra | Rate | Add'1 Fee | Rate | Add'I Fee |
| Total Claims | * 20 | Minus | ** 20 | = | x \$25 | \$ | X \$ 50 | \$0 |
| Independent Claims | * 3 | Minus | *** 3 | = | x 100 | \$ | X \$200 | \$0 |
| First Presentation of Multiple Dependent Claims \$180 | | | | | | \$ | X \$360 | \$0 |
| | DITIONAL FEE | | | ٧T | | \$ | | \$0 |

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the *** equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Applicants

Thomas S. Ellis et al.

Appln. No.

10/608,702

Page

Each Additional Group of 50 Pages That Exceeds 100 Pages

| Col. 1 | | Col. 2 | Col. 3 | Small Entity | | Other Than A Small Entity | |
|---|-------|--|----------------------------|--|----------|-------------------------------------|--------------|
| No. of Groups Remaining After Amendment | | Highest No. of Groups Previously Paid For | Present Extra Groups | Rate (each add'l 50 pages over 100) | Add'iFee | Rate (each add'l 50 pages over 100) | Add'l Fee |
| 1 | Minus | *2 | =**0 | x \$125 | \$ | X \$250 | \$0 |

One "group" is a set of 50 application (specification, claims, abstract, and drawings) pages.

- If the entry in Col. 2 is more than the entry of Col. 1, write "0" in Col. 3
- If the entry in Col. 3 is not "0," pay the required fee.
- Small entity status of this application 37 CFR §§1.9 and 1.27 has been 1. established by a verified statement previously submitted or is enclosed.
- No additional fee is required. 2.
- A fee of \$____ to cover the cost of the additional claims added by this response 3. is enclosed.
- A fee of \$____ to cover the application size fee is enclosed. 4.
- Please charge any additional fees or credit overpayment to Deposit Account No. 5. 16 2463. A duplicate copy of this sheet is attached.

Respectfully submitted,

| June | 14, | 2006 | |
|----------|-----|------|------|
| D | | | |

Date

Gunther, Registration No. 35 502

Price, Heneveld, Cooper, DeWitt & Litton, LLP

695 Kenmoor, S.E. Post Office Box 2567

Grand Rapids, Michigan 49501

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Art Unit Examiner 2814

DiLinh P. Nguyen

Thomas S. Ellis et al.

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|---|---|-----------------------------------|---------------------------------------|------------------|------------------------------|--------------|---------|--------------|
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| Total Claims | * 20 | Minus | ** 20 | = | x \$25 | \$. | X \$ 50 | \$0 |
| Independent Claims | * 3 | Minus | *** 3 | = | x 100 | \$ | X \$200 | \$0 |
| First Presentation of Multiple Dependent Claims \$180 | | | | | | \$ | X \$360 | \$0 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | \$ | | so |

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Fax:6169578196 Jun 14 2006 12:00

P. 05

Applicants

Thomas S. Ellis et al.

Appln. No.

10/608,702

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| 1 | Minus | * 2 | ±±*0 | x \$125 | \$ | X \$250 | \$0 |

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Dear Sir:

<u>AMENDMENT</u>

In response to the Office Action mailed May 18, 2006, Applicants request reconsideration in view of the following amendments and remarks.

? Please amend the above-referenced application as follows.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.